

| POSITION                  | INITIALS | ID NO.  | DATE    |
|---------------------------|----------|---------|---------|
| FEE DETERMINATION         |          |         |         |
| O.I.P.E. CLASSIFIER       |          |         |         |
| FORMALITY REVIEW          | KIL      | 305/705 | 03-21-0 |
| RESPONSE FORMALITY REVIEW |          |         |         |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 1              | ✓    |
| 2              | ✓    |
| 3              | ✓    |
| 4              | ✓    |
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| 7              | ✓    |
| 8              | ✓    |
| 9              | ✓    |
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| Claim          | Date |
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| Claim          | Date |
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| Final Original |      |
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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